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Attorney Docket Number

/ / DECLARATION	TY OR $ackslash$	First Named Inventor								
DESIGN			First Named Inventor	Thor	mas D. Wood M.D.					
PATENT APPLICATION			COMPLETE IF KNOWN							
(37 CFR 1.63)			Application Number							
Declaration	Declara	tion	Filing Date	feb. a	1,2004					
Submitted OR With Initial	Filing (s	urcharge	Art Unit							
Filing	(37 CFF required	R 1.16 (e))	Examiner Name							
I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name.										
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for										
which a patent is sought on the invention entitled:										
Wood Airway, Neck, and Head Support										
(Title of the Invention)										
the specification of which										
is attached hereto										
OR			_							
OR was filed on (MM/DD/Y	YYY)		as United States A	pplication Nu	umber or PCT International					
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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

_			-					
Direct all correspondence to:	Custome	er Number:		OR V	Corres	pondence address below		
Name Thomas	O. Wood	M.D.						
Address 4244 Ne	: Ilwood	Lane						
City Memphis			State T	N		38117		
Country U.S.A.		Telephone 901 - 347				8451		
I hereby declare that all stater and belief are believed to b statements and the like so ma false statements may jeopardiz	e true; and fur ade are punishat	rther that these stable by fine or impris	atements visconment, o	were made wor both, under	ith the kno	owledge that willful false		
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) Thomas Oval			$\overline{\bigcirc}$	Family Name or Surname Wood				
Inventor's Signature	us O	1000	Z/1	nD		Peb. 24,2004		
Residence: City Memphis	State	<i>J</i>	Country U.	S.A.	Citizer	nship V.S.A.		
Mailing Address' リスレリ Nellw	good Lane	د						
City Memphis	State TN		Z	1P 38117		Country U.S.A.		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature						Date		
Residence: City	State		Country	Country		Citizenship		
Mailing Address								
City	State		ZIF	>	Count	ry		
Additional inventors or a legal re	epresentative are bei	ing named on the	_supplemental	I sheet(s) PTO/SB	/02A or 02LR :	attached hereto.		